

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF OHIO  
EASTERN DIVISION**

**UNITED STATES OF AMERICA,**

**Plaintiff,**

**VS.**

**KARE MEDICAL TRANSPORT,**

**Defendant.**

**CASE NO: 2:18-CV-933**

## COMPLAINT

Now comes the United States of America, by and through its legal representative, the United States Attorney for the Southern District of Ohio, and for its cause of action alleges:

1. Jurisdiction is founded on 28 U.S.C. §2462.
2. Defendant resides within this judicial district and division.

## COUNT 1

3. On December 23, 2013, a Citation and Notification of Penalty was issued upon Defendant at 1000 Columbus Avenue, Marysville, OH 43040 regarding inspection site: 1000 Columbus Avenue, Marysville, OH 43040 in the amount of \$33,847.97.
4. A true copy of each said citation is attached hereto, marked as "Exhibit A", and by this reference made a part hereof.
5. Although payment has been demanded, payment has not been made by the Defendant and the entire balance has become due and payable.

6. After all payments have been properly credited, the entire unpaid balance due and owing to Plaintiff from Defendant is \$33,847.97 (\$19,600.00 principal, \$765.87 interest through June 21, 2018, \$4,497.26 penalty fee through June 21, 2018, \$10.00 administrative fee, \$7,959.40 DMS fees, and \$1,015.44 DOJ fees), all of which is evidenced by the Certificate of Indebtedness which is attached hereto, marked as "Exhibit B", and by this reference made a part hereof.

COUNT 2

7. On June 11, 2014, a Citation and Notification of Penalty was issued upon Defendant at 1000 Columbus Avenue, Marysville, OH 43040 regarding inspection site: 1000 Columbus Avenue, Marysville, OH 43040 in the amount of \$26,572.19.

8. A true copy of each said citation is attached hereto, marked as "Exhibit C", and by this reference made a part hereof.

9. Although payment has been demanded, payment has not been made by the Defendant and the entire balance has become due and payable.

10. After all payments have been properly credited, the entire unpaid balance due and owing to Plaintiff from Defendant is \$26,572.19 (\$15,400.00 principal, \$597.65 interest through June 21, 2018, \$3,508.88 penalty fee through June 21, 2018, \$20.00 administrative fee, \$6,248.49 DMS fees, and \$797.17 DOJ fees), all of which is evidenced by the Certificate of Indebtedness which is attached hereto, marked as "Exhibit D", and by this reference made a part hereof.

COUNT 3

11. On May 12, 2006, Citation and Notification of Penalty was issued upon Defendant at 1000 Columbus Avenue, Marysville, OH 43040 regarding inspection site: 1000 Columbus Avenue, Marysville, OH 43040 in the amount of \$56,340.45.

12. A true copy of each said citation is attached hereto, marked as "Exhibit E", and by this reference made a part hereof.

13. Although payment has been demanded, payment has not been made by the Defendant and the entire balance has become due and payable.

14. After all payments have been properly credited, the entire unpaid balance due and owing to Plaintiff from Defendant is \$56,340.45 (\$32,670.00 principal, \$1,267.86 interest through June 21, 2018, \$7,443.84 penalty fee through June 21, 2018, \$20.00 administrative fee, \$13,248.54 DMS fees, and \$1,690.21 DOJ fees), all of which is evidenced by the Certificate of Indebtedness which is attached hereto, marked as "Exhibit F", and by this reference made a part hereof.

WHEREFORE, Plaintiff prays for judgment against Defendant in the amount of \$116,760.61 (\$67,670.00 principal, \$2631.38 interest through June 21, 2018, \$15,449.98 penalty fee through June 21, 2018, \$50.00 administrative fee, \$27,456.43 DMS fees, and \$3,502.82 DOJ fees), and for all further relief to which Plaintiff is entitled.

Plaintiff further prays for its costs and for an award of postjudgment interest at the highest rate allowable by law, and for all further just and proper orders.

Respectfully submitted,

BENJAMIN C. GLASSMAN  
United States Attorney

s/Bethany J. Hamilton  
BETHANY J. HAMILTON (0075139)  
Assistant United States Attorney  
Attorney for Plaintiff  
303 Marconi Boulevard, Suite 200  
Columbus, Ohio 43215  
Office: (614) 469-5715  
Fax: (614) 469-5240  
E-mail: Bethany.Hamilton@usdoj.gov

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

To:

Kare Medical Transport  
and its successors  
1000 Columbus Ave  
Marysville, OH 43040

953085

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

To:

Kare Medical Transport  
and its successors  
1000 Columbus Ave  
Marysville, OH 43040

**Inspection Site:**  
1000 Columbus Ave  
Marysville, OH 43040

7012 2210 0001 2080 2389

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*

B. Received by (Printed Name)

C. Date of Delivery  
3-7-14

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

☐ Agent  
☐ Addressee

(press Mail  
Return Receipt for Merchandise  
O.D.  
a Fee) ☐ Yes

7012 2210 0001 2080 2389

Domestic Return Receipt

102595-02-M-1540

Issuance Date. 3/7/14

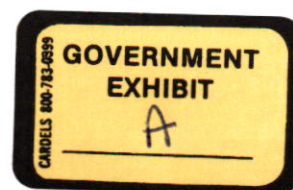
- 12/24/2013

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

This Citation and Notification of Penalty (this Citation) describes violations of the Occupational Safety and Health Act of 1970. The penalty(ies) listed herein is (are) based on these violations. You must abate the violations referred to in this Citation by the dates listed and pay the penalties proposed, unless within 15 working days (excluding weekends and Federal holidays) from your receipt of this Citation and Notification of Penalty you either call to schedule an informal conference (see paragraph below) or you mail a notice of contest to the U.S. Department of Labor Area Office at the address shown above. Please refer to the enclosed booklet (OSHA 3000) which outlines your rights and responsibilities and which should be read in conjunction with this form. Issuance of this Citation does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless this Citation is affirmed by the Review Commission or a court.

**Posting** - The law requires that a copy of this Citation and Notification of Penalty be posted immediately in a prominent place at or near the location of the violation(s) cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Citation must remain posted until the violation(s) cited herein has (have) been abated, or for 3 working days (excluding weekends and Federal holidays), whichever is longer.

**Informal Conference** - An informal conference is not required. However, if you wish to have such a conference you may request one with the Area Director during the 15 working day contest period. During such an informal conference you may present any evidence or views which you believe would support an adjustment to the citation(s) and/or penalty(ies).





If you are considering a request for an informal conference to discuss any issues related to this Citation and Notification of Penalty, you must take care to schedule it early enough to allow time to contest after the informal conference, should you decide to do so. Please keep in mind that a written letter of intent to contest must be submitted to the Area Director within 15 working days of your receipt of this Citation. The running of this contest period is not interrupted by an informal conference.

If you decide to request an informal conference, please complete, remove and post the Notice to Employees next to this Citation and Notification of Penalty as soon as the time, date, and place of the informal conference have been determined. Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far. If conditions warrant, we can enter into an informal settlement agreement which amicably resolves this matter without litigation or contest.

**Right to Contest** – You have the right to contest this Citation and Notification of Penalty. You may contest all citation items or only individual items. You may also contest proposed penalties and/or abatement dates without contesting the underlying violations. **Unless you inform the Area Director in writing that you intend to contest the citation(s) and/or proposed penalty(ies) within 15 working days after receipt, the citation(s) and the proposed penalty(ies) will become a final order of the Occupational Safety and Health Review Commission and may not be reviewed by any court or agency.**

**Penalty Payment** – Penalties are due within 15 working days of receipt of this notification unless contested. (See the enclosed booklet and the additional information provided related to the Debt Collection Act of 1982.) Make your check or money order payable to “DOL-OSHA”. Please indicate the Inspection Number on the remittance. You can also make your payment electronically on [www.pay.gov](http://www.pay.gov). On the left side of the pay.gov homepage, you will see an option to Search Public Forms. Type “OSHA” and click Go. From the results, click on **OSHA Penalty Payment Form**. The direct link is:

<https://www.pay.gov/paygov/forms/formInstance.html?agencyFormId=53090334>.

You will be required to enter your inspection number when making the payment. Payments can be made by credit card or Automated Clearing House (ACH) using your banking information. Payments of \$50,000 or more require a Transaction ID, and also must be paid using ACH. If you require a Transaction ID, please contact the OSHA Debt Collection Team at (202) 693-2170.

OSHA does not agree to any restrictions or conditions or endorsements put on any check, money order, or electronic payment for less than the full amount due, and will process the payments as if these restrictions or conditions do not exist.

**Notification of Corrective Action** – For each violation which you do not contest, you must provide *abatement certification* to the Area Director of the OSHA office issuing the citation and identified above. This abatement certification is to be provided by letter within 10 calendar days after each abatement date. Abatement certification includes the date and method of abatement. If the citation indicates that the violation was corrected during the inspection, no abatement certification is required for that item. The abatement certification letter must be posted at the location where the violation appeared and the corrective action took place or employees must otherwise be effectively informed about abatement activities. A sample abatement certification letter is enclosed with this Citation. In addition, where the citation indicates that *abatement documentation* is necessary, evidence of the purchase or repair of equipment, photographs or video, receipts, training records, etc., verifying that abatement has occurred is required to be provided to the Area Director.

**Employer Discrimination Unlawful** – The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under this Act. An employee who believes that he/she has been discriminated against may file a complaint no later than 30 days after the discrimination occurred with the U.S. Department of Labor Area Office at the address shown above.

**Employer Rights and Responsibilities** – The enclosed booklet (OSHA 3000) outlines additional employer rights and responsibilities and should be read in conjunction with this notification.

**Notice to Employees** – The law gives an employee or his/her representative the opportunity to object to any abatement date set for a violation if he/she believes the date to be unreasonable. The contest must be mailed to the U.S. Department of Labor Area Office at the address shown above and postmarked within 15 working days (excluding weekends and Federal holidays) of the receipt by the employer of this Citation and Notification of Penalty.

**Inspection Activity Data** – You should be aware that OSHA publishes information on its inspection and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to these alleged violations will be posted when our system indicates that you have received this citation. You are encouraged to review the information concerning your establishment at [www.osha.gov](http://www.osha.gov). If you have any dispute with the accuracy of the information displayed, please contact this office.

**U.S. Department of Labor**  
Occupational Safety and Health Administration

**Inspection Number:** 953085  
**Inspection Date(s):** 12/23/2013 - 12/24/2013  
**Issuance Date:** 03/05/2014



**Citation and Notification of Penalty**

**Company Name:** Kare Medical Transport  
**Inspection Site:** 1000 Columbus Ave, Marysville, OH 43040

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**Citation 1 Item 1** Type of Violation: **Serious**

29 CFR 1910.305(g)(1)(iv): Unless specifically permitted otherwise in paragraph (g)(1)(ii) of this section, flexible cords and cables may not be used:

29 CFR 1910.305(g)(1)(iv)(A): As a substitute for the fixed wiring of a structure:

a. In the Garage Area at the workplace, the employer used a flexible cord to supply power to an overhead garage door opener.

**ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM**

Date By Which Violation Must be Abated:	03/25/2014
Proposed Penalty:	\$2800.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



**U.S. Department of Labor**  
Occupational Safety and Health Administration

**Inspection Number:** 953085  
**Inspection Date(s):** 12/23/2013 - 12/24/2013  
**Issuance Date:** 03/05/2014



**Citation and Notification of Penalty**

**Company Name:** Kare Medical Transport  
**Inspection Site:** 1000 Columbus Ave, Marysville, OH 43040

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**Citation 1 Item 2** Type of Violation: **Serious**

29 CFR 1910.1030(c)(1)(i): Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure:

a. At the workplace, the employer did not establish a written Exposure Control Plan for employee with occupational exposure to blood. These employees provided medical services.

**ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM**

Date By Which Violation Must be Abated:  
Proposed Penalty:

03/25/2014  
\$4900.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



**U.S. Department of Labor**  
Occupational Safety and Health Administration

**Inspection Number:** 953085  
**Inspection Date(s):** 12/23/2013 - 12/24/2013  
**Issuance Date:** 03/05/2014



**Citation and Notification of Penalty**

**Company Name:** Kare Medical Transport  
**Inspection Site:** 1000 Columbus Ave, Marysville, OH 43040

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**Citation 1 Item 3**    Type of Violation: **Serious**

29 CFR 1910.1030(f)(1)(i): The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident:

a. At the workplace, the employer did not make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure.

**ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM**

Date By Which Violation Must be Abated:  
Proposed Penalty:

04/09/2014  
\$4900.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

**U.S. Department of Labor**  
Occupational Safety and Health Administration

**Inspection Number:** 953085  
**Inspection Date(s):** 12/23/2013 - 12/24/2013  
**Issuance Date:** 03/05/2014



**Citation and Notification of Penalty**

**Company Name:** Kare Medical Transport  
**Inspection Site:** 1000 Columbus Ave, Marysville, OH 43040

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**Citation 1 Item 4** Type of Violation: **Serious**

29 CFR 1910.1030(g)(2)(i): The employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training must be provided at no cost to the employee and during working hours. The employer shall institute a training program and ensure employee participation in the program:

a. At the workplace, the employer did not ensure that employees with occupational exposure to bloodborne pathogens received training in accordance with the requirements of this section.

**ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM**

Date By Which Violation Must be Abated:  
Proposed Penalty:

04/09/2014  
\$4900.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

**U.S. Department of Labor**  
Occupational Safety and Health Administration

**Inspection Number:** 953085  
**Inspection Date(s):** 12/23/2013 - 12/24/2013  
**Issuance Date:** 03/05/2014



**Citation and Notification of Penalty**

**Company Name:** Kare Medical Transport  
**Inspection Site:** 1000 Columbus Ave, Marysville, OH 43040

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**Citation 1 Item 5** Type of Violation: **Serious**

29 CFR 1910.1200(e)(1): Employers shall develop, implement, and maintain at each workplace, a written hazard communication program which at least describes how the criteria specified in paragraphs (f), (g), and (h) of this section for labels and other forms of warning, material safety data sheets, and employee information and training will be met:

a. At the workplace, the employer did not develop, implement, and maintain a written hazard communication program. Employees were exposed to hazardous chemicals including, but not limited to diesel fuel.

**ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM**

Date By Which Violation Must be Abated:	04/09/2014
Proposed Penalty:	\$2100.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

**U.S. Department of Labor**  
Occupational Safety and Health Administration

**Inspection Number:** 953085  
**Inspection Date(s):** 12/23/2013 - 12/24/2013  
**Issuance Date:** 03/05/2014



**Citation and Notification of Penalty**

**Company Name:** Kare Medical Transport  
**Inspection Site:** 1000 Columbus Ave, Marysville, OH 43040

**Citation 2 Item 1** Type of Violation: **Other-than-Serious**

29 CFR 1904.29(a): The employer did not use an OSHA 300, 301 and 300A Form or equivalent:


Located at Kare Medical Transport in Marysville, Ohio:

a. At the workplace, the employer was not maintaining OSHA 300, 301, and 300A forms for 2013.

**ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM**

Date By Which Violation Must be Abated:  
Proposed Penalty:

04/09/2014  
\$0.00

  
\_\_\_\_\_  
Deborah J. Zubaty  
Area Director

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.





U.S. DEPARTMENT OF THE TREASURY  
BUREAU OF THE FISCAL SERVICE  
WASHINGTON, D.C. 20227

ACTING ON BEHALF OF  
U.S. Department of Labor, Occupational Safety & Health Administration  
CERTIFICATE OF INDEBTEDNESS

Debtor Name(s) and Address(es):

Kare Medical Transport  
c/o Jason Keeran  
1000 Columbus Ave.  
Marysville, OH 43040

RE: Treasury Claim TRFM2014301505

I certify that the U.S. Department of Labor, Occupational Safety & Health Administration (OSHA) records show that the debtor named above is indebted to the United States in the amount stated as follows:

Principal:	\$19,600.00
Interest through 06/21/18*:	\$ 765.87
Penalty fee through 06/21/18*:	\$ 4,497.26
Admin fee:	\$ 10.00
DMS fees:	\$ 7,959.40
DOJ fees:	\$ 1,015.44

(pursuant to 31 U.S.C. 3717(e) and 3711(g)(6), (7); 31 C.F.R. 285.12(j) and 31 C.F.R. 901.1(f); and 28 U.S.C. 527, note)

**TOTAL debt owed as of 06/21/18: \$33,847.97**

\*NOTE: Per the creditor agency, once the debt is referred to Fiscal Service, interest continues to accrue at the rate of 1% per annum as well as a penalty at the rate of 6% per annum.

This debt reportedly arose in connection with the numerous workplace safety violations of the Occupational Safety and Health Act of 1970 (29 U.S.C. 650/651 et seq.) and OSHA regulations (29 C.F.R. 1926), as noted during the original December 2013 OSHA inspections of the debtor's work site at 1000 Columbus Ave, Marysville, OH 43040.

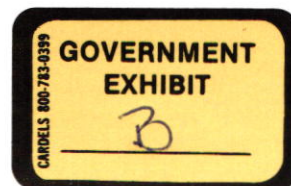
**CERTIFICATION:** Pursuant to 28 USC ss. 1746, I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief based upon information provided by the U.S. Department of Labor, Occupational Safety & Health Administration.

X *Ashleigh N. Edmonds*

June 21, 2018

Signed by: Ashleigh N. Edmonds

Ashleigh Edmonds  
Financial Program Specialist  
U.S. Department of the Treasury  
Bureau of the Fiscal Service



## U.S. Department of Labor

Occupational Safety and Health Administration  
200 N. High Street  
Room 620  
Columbus, OH 43215  
Phone: 614-469-5582 Fax: 614-469-6791



## Citation and Notification of Penalty

**To:**

Kare Medical Transport  
and its successors  
1000 Columbus Ave  
Marysville, OH 43040

**Inspection Number:** 981142

**Inspection Date(s):** 06/11/2014 - 06/11/2014

**Issuance Date:** 06/23/2014

**Inspection Site:**

1000 Columbus Ave  
Marysville, OH 43040

7012 2210 0001 1866 8270

*The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.*

This Citation and Notification of Penalty (this Citation) describes violations of the Occupational Safety and Health Act of 1970. The penalty(ies) listed herein is (are) based on these violations. You must abate the violations referred to in this Citation by the dates listed and pay the penalties proposed, unless within 15 working days (excluding weekends and Federal holidays) from your receipt of this Citation and Notification of Penalty **you either call to schedule an informal conference (see paragraph below) or you mail a notice of contest** to the U.S. Department of Labor Area Office at the address shown above. Please refer to the enclosed booklet (OSHA 3000) which outlines your rights and responsibilities and which should be read in conjunction with this form. Issuance of this Citation does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless this Citation is affirmed by the Review Commission or a court.

**Posting** - The law requires that a copy of this Citation and Notification of Penalty be posted immediately in a prominent place at or near the location of the violation(s) cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Citation must remain posted until the violation(s) cited herein has (have) been abated, or for 3 working days (excluding weekends and Federal holidays), whichever is longer.

**Informal Conference** - An informal conference is not required. However, if you wish to have such a conference you may request one with the Area Director during the 15 working day contest period. During such an informal conference you may present any evidence or views which you believe would support an adjustment to the citation(s) and/or penalty(ies).





If you are considering a request for an informal conference to discuss any issues related to this Citation and Notification of Penalty, you must take care to schedule it early enough to allow time to contest after the informal conference, should you decide to do so. Please keep in mind that a written letter of intent to contest must be submitted to the Area Director within 15 working days of your receipt of this Citation. The running of this contest period is not interrupted by an informal conference.

If you decide to request an informal conference, please complete, remove and post the Notice to Employees next to this Citation and Notification of Penalty as soon as the time, date, and place of the informal conference have been determined. Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far. If conditions warrant, we can enter into an informal settlement agreement which amicably resolves this matter without litigation or contest.

**Right to Contest** – You have the right to contest this Citation and Notification of Penalty. You may contest all citation items or only individual items. You may also contest proposed penalties and/or abatement dates without contesting the underlying violations. Unless you inform the Area Director in writing that you intend to contest the citation(s) and/or proposed penalty(ies) within 15 working days after receipt, the citation(s) and the proposed penalty(ies) will become a final order of the Occupational Safety and Health Review Commission and may not be reviewed by any court or agency.

**Penalty Payment** – Penalties are due within 15 working days of receipt of this notification unless contested. (See the enclosed booklet and the additional information provided related to the Debt Collection Act of 1982.) Make your check or money order payable to "DOL-OSHA". Please indicate the Inspection Number on the remittance. You can also make your payment electronically on [www.pay.gov](http://www.pay.gov). On the left side of the pay.gov homepage, you will see an option to Search Public Forms. Type "OSHA" and click Go. From the results, click on OSHA Penalty Payment Form. The direct link is:

<https://www.pay.gov/paygov/forms/formInstance.html?agencyFormId=53090334>.

You will be required to enter your inspection number when making the payment. Payments can be made by credit card or Automated Clearing House (ACH) using your banking information. Payments of \$50,000 or more require a Transaction ID, and also must be paid using ACH. If you require a Transaction ID, please contact the OSHA Debt Collection Team at (202) 693-2170.

OSHA does not agree to any restrictions or conditions or endorsements put on any check, money order, or electronic payment for less than the full amount due, and will process the payments as if these restrictions or conditions do not exist.

**Notification of Corrective Action** – For each violation which you do not contest, you must provide *abatement certification* to the Area Director of the OSHA office issuing the citation and identified above. This abatement certification is to be provided by letter within 10 calendar days after each abatement date. Abatement certification includes the date and method of abatement. If the citation indicates that the violation was corrected during the inspection, no abatement certification is required for that item. The abatement certification letter must be posted at the location where the violation appeared and the corrective action took place or employees must otherwise be effectively informed about abatement activities. A sample abatement certification letter is enclosed with this Citation. In addition, where the citation indicates that *abatement documentation* is necessary, evidence of the purchase or repair of equipment, photographs or video, receipts, training records, etc., verifying that abatement has occurred is required to be provided to the Area Director.

**Employer Discrimination Unlawful** – The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under this Act. An employee who believes that he/she has been discriminated against may file a complaint no later than 30 days after the discrimination occurred with the U.S. Department of Labor Area Office at the address shown above.

**Employer Rights and Responsibilities** – The enclosed booklet (OSHA 3000) outlines additional employer rights and responsibilities and should be read in conjunction with this notification.

**Notice to Employees** – The law gives an employee or his/her representative the opportunity to object to any abatement date set for a violation if he/she believes the date to be unreasonable. The contest must be mailed to the U.S. Department of Labor Area Office at the address shown above and postmarked within 15 working days (excluding weekends and Federal holidays) of the receipt by the employer of this Citation and Notification of Penalty.

**Inspection Activity Data** – You should be aware that OSHA publishes information on its inspection and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to these alleged violations will be posted when our system indicates that you have received this citation. You are encouraged to review the information concerning your establishment at [www.osha.gov](http://www.osha.gov). If you have any dispute with the accuracy of the information displayed, please contact this office.



**U.S. Department of Labor**

Occupational Safety and Health Administration

**Inspection Number:** 981142

**Inspection Date(s):** 06/11/2014 - 06/11/2014

**Issuance Date:** 06/23/2014



**Citation and Notification of Penalty**

**Company Name:** Kare Medical Transport

**Inspection Site:** 1000 Columbus Ave, Marysville, OH 43040

**Citation 1 Item 1** Type of Violation: **Repeat**

29 CFR 1910.305(g)(1)(iv): Unless specifically permitted otherwise in paragraph (g)(1)(ii) of this section, flexible cords and cables may not be used:

29 CFR 1910.305(g)(1)(iv)(A): As a substitute for the fixed wiring of a structure:

- a. In the garage area connected to the dispatch office, the employer used a flexible cord to supply wiring to a garage door opener.
- b. In the garage area connected to the dispatch office, the employer used a flexible cord to supply electricity to plug into the ambulance receptacle for charging the on-board electronics.
- c. In the garage area connected to the living quarters, the employer used a flexible cord to supply electricity to plug into the ambulance receptacle for charging the on-board electronics.

**Kare Medical Transport was previously cited for a violation of this occupational safety and health standard or its equivalent standard 29 CFR 1910.305(g)(1)(iv), which was contained in OSHA inspection number 953085, citation number 1, item number 1 and was affirmed as a final order on March 28, 2014, with respect to the workplace located at 1000 Columbus Avenue in Marysville, Ohio 43040.**


**ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM**

Date By Which Violation Must be Abated:

07/26/2014

Proposed Penalty:

\$15400.00

  
Deborah J. Zubaty  
Area Director

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



U.S. DEPARTMENT OF THE TREASURY  
BUREAU OF THE FISCAL SERVICE  
WASHINGTON, D.C. 20227

ACTING ON BEHALF OF  
U.S. Department of Labor, Occupational Safety & Health Administration  
CERTIFICATE OF INDEBTEDNESS

Debtor Name(s) and Address(es):

Kare Medical Transport  
c/o Jason Keeran  
1000 Columbus Ave.  
Marysville, OH 43040

RE: Treasury Claim TRFM2015034530

I certify that the U.S. Department of Labor, Occupational Safety & Health Administration (OSHA) records show that the debtor named above is indebted to the United States in the amount stated as follows:

Principal:	\$15,400.00
Interest through 06/21/18*:	\$ 597.65
Penalty fee through 06/21/18*:	\$ 3,508.88
Admin fee:	\$ 20.00
DMS fees:	\$ 6,248.49
DOJ fees:	\$ 797.17

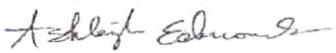
(pursuant to 31 U.S.C. 3717(e) and 3711(g)(6), (7); 31 C.F.R. 285.12(j) and 31 C.F.R. 901.1(f); and 28 U.S.C. 527, note)

**TOTAL debt owed as of 06/21/18: \$26,572.19**

\*NOTE: Per the creditor agency, once the debt is referred to Fiscal Service, interest continues to accrue at the rate of 1% per annum as well as a penalty at the rate of 6% per annum.

This debt reportedly arose in connection with the numerous workplace safety violations of the Occupational Safety and Health Act of 1970 (29 U.S.C. 650/651 et seq.) and OSHA regulations (29 C.F.R. 1926), as noted during the June 2014 inspections of the debtor's work site at 1000 Columbus Ave, Marysville, OH 43040.

**CERTIFICATION:** Pursuant to 28 USC ss. 1746, I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief based upon information provided by the U.S. Department of Labor, Occupational Safety & Health Administration.

X 

June 21, 2018

Signed by: Ashleigh N. Edmonds

Ashleigh Edmonds  
Financial Program Specialist  
U.S. Department of the Treasury  
Bureau of the Fiscal Service





**U.S. Department of Labor**

Occupational Safety and Health Administration  
 200 N. High Street  
 Room 620  
 Columbus, OH 43215  
 Phone: 614-469-5582 Fax: 614-469-6791




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## Notification of Failure to Abate Alleged Violations

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**To:**

Kare Medical Transport  
 and its successors  
 1000 Columbus Ave  
 Marysville, OH 43040

**Original Inspection Number:** 953085**Original Inspection Date:** 12/23/2013 - 12/24/2013**Inspection Number:** 981142**Inspection Date(s):** 06/11/2014 - 06/11/2014**Issuance Date:** 06/23/2014**Inspection Site:**

1000 Columbus Ave  
 Marysville, OH 43040

7012 2210 0001 1866 8270

*The violation(s) described in this Notification of Failure to Abate Alleged Violations is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.*

After the original inspection, a Citation(s) was issued to you in accordance with the provisions of the Occupational Safety and Health Act of 1970 (the Act), notifying you of certain violations of the Act and the dates by which they were to be abated. Based upon re-inspection, it is alleged that you have failed to abate the violation(s) listed below within the time prescribed, and the following additional penalties are proposed. The additional penalty is computed by multiplying a daily penalty times the number of days the violation(s) remained unabated. You are to notify the Area Director in writing of the date and nature of the corrective action taken. If you do not abate the violation(s), further penalties may be proposed and other enforcement action to compel abatement may be taken under section 11(b) of the Act.

**Notification of Corrective Action** - For each violation which you do not contest, you are required by 29 CFR 1903.19 to submit an Abatement Certification to the Area Director of OSHA office issuing the citation and identified above. The certification must be sent by you within **10 calendar days** of the abatement date indicated on the citation. For **Willful** and **Repeat** violations, documents (examples: photos, copies of receipts, training records, etc.) demonstrating that abatement is complete must accompany the certification. Where the citation is classified as **Serious** and the citations states the abatement documentation is required, documents such as those described above are required to be submitted along with the abatement certificate. If the citation indicates that the violation was corrected during the inspection, no abatement certificate is required for that item.

**All abatement verification documents must contain the following information:** 1) Your name and address; 2) the inspection number (found on the front page); 3) the citation and citation item number(s) to which the submission relates; 4) a statement that the information is accurate; 5) the signature of the employer or employer's authorized representative; 6) the date the hazard was corrected; 7) a brief statement of how the hazard was corrected; and 8) a statement that affected employees and their representatives have been informed of the abatement.



The law also requires a copy of all abatement verification documents, required by 29 CFR 1903.19 to be sent to OSHA, also be posted at the location where the violation appeared and the corrective action took place.

You are further notified that you must pay the ADDITIONAL PENALTY unless you inform the Area Director in writing that you intend to contest the Notification or the Additional Penalty within 15 working days (excluding weekends and Federal holidays) from your receipt of this notification. If you do not contest within 15 working days after receipt, the Notification and the additional penalties will become the final order of the Occupational Safety and Health Review Commission and may not be reviewed by any court or agency. Issuance of this Notification does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless the Notification is affirmed by the Review Commission.

Make your check or money order payable to "DOL-OSHA". Please indicate the Inspection Number on the remittance. You can also make your payment electronically on [www.pay.gov](http://www.pay.gov). On the left side of the [pay.gov](http://www.pay.gov) homepage, you will see an option to Search Public Forms. Type "OSHA" and click Go. From the results, click on **OSHA Penalty Payment Form**. The direct link is:

<https://www.pay.gov/paygov/forms/formInstance.html?agencyFormId=53090334>.

You will be required to enter your inspection number when making the payment. Payments can be made by credit card or Automated Clearing House (ACH) using your banking information. Payments of \$50,000 or more require a Transaction ID, and also must be paid using ACH. If you require a Transaction ID, please contact the OSHA Debt Collection Team at (202) 693-2170.

OSHA does not agree to any restrictions or conditions or endorsements put on any check, money order, or electronic payment for less than the full amount due, and will process the payments as if these restrictions or conditions do not exist.

**Inspection Activity Data** - You should be aware that OSHA publishes information on its inspection and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to these alleged violations will be posted when our system indicates that you have received this citation. You are encouraged to review the information concerning your establishment at [www.osha.gov](http://www.osha.gov). If you have any dispute with the accuracy of the information displayed, please contact this office.



**U.S. Department of Labor**  
Occupational Safety and Health Administration



**Notification of Failure to Abate Alleged Violation**

**Original Inspection:** 953085

**Inspection Number:** 981142

**Original Inspection Dates:** 12/23/2013 - 12/24/2013

**Inspection Date(s):** 06/11/2014 - 06/11/2014

**Issuance Date:** 06/23/2014

**Company Name:** Kare Medical Transport

**Inspection Site:** 1000 Columbus Ave, Marysville, OH 43040

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Citation 1 Item 2

29 CFR 1910.1030(c)(1)(i): Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure:

a. At the workplace, the employer did not establish a written Exposure Control Plan for employee with occupational exposure to blood. These employees provided medical services.

Additional Penalty:

\$ 20000.00

**U.S. Department of Labor**  
Occupational Safety and Health Administration



**Notification of Failure to Abate Alleged Violation**

**Original Inspection:** 953085

**Inspection Number:** 981142

**Original Inspection Dates:** 12/23/2013 - 12/24/2013

**Inspection Date(s):** 06/11/2014 - 06/11/2014

**Issuance Date:** 06/23/2014

**Company Name:** Kare Medical Transport

**Inspection Site:** 1000 Columbus Ave, Marysville, OH 43040

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**Citation 1 Item 3**

29 CFR 1910.1030(f)(1)(i): The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident:

- a. At the workplace, the employer had not made available the hepatitis B vaccine and vaccination series to all employees who had occupational exposure.

**Additional Penalty:**

**\$ 4900.00**

**U.S. Department of Labor**  
Occupational Safety and Health Administration



**Notification of Failure to Abate Alleged Violation**

**Original Inspection:** 953085

**Inspection Number:** 981142

**Original Inspection Dates:** 12/23/2013 - 12/24/2013

**Inspection Date(s):** 06/11/2014 - 06/11/2014

**Issuance Date:** 06/23/2014

**Company Name:** Kare Medical Transport

**Inspection Site:** 1000 Columbus Ave, Marysville, OH 43040

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Citation 1 Item 4

29 CFR 1910.1030(g)(2)(i): The employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training must be provided at no cost to the employee and during working hours. The employer shall institute a training program and ensure employee participation in the program:

- a. At the workplace, the employer had not ensured that employees with occupational exposure to bloodborne pathogens received training in accordance with the requirements of this section.

Additional Penalty: \$ 4900.00

Citation 1 Item 5

29 CFR 1910.1200(e)(1): Employers shall develop, implement, and maintain at each workplace, a written hazard communication program which at least describes how the criteria specified in paragraphs (f), (g), and (h) of this section for labels and other forms of warning, material safety data sheets, and employee information and training will be met, and which also includes the following:

- a. At the workplace, the employer had not developed, implemented, and maintained a written hazard communication program. Employees were exposed to hazardous chemicals, including (but not limited to) diesel fuel, transmission fluid, power steering fluid, brake fluid and coolant.

Additional Penalty: \$ 2100.00

**U.S. Department of Labor**  
Occupational Safety and Health Administration



**Notification of Failure to Abate Alleged Violation**

**Original Inspection:** 953085

**Inspection Number:** 981142

**Original Inspection Dates:** 12/23/2013 - 12/24/2013

**Inspection Date(s):** 06/11/2014 - 06/11/2014

**Issuance Date:** 06/23/2014

**Company Name:** Kare Medical Transport

**Inspection Site:** 1000 Columbus Ave, Marysville, OH 43040

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**Citation 2 Item 1**


29 CFR 1904.29(a): The employer did not use an OSHA 300, 301 and 300A Form or equivalent:

Located at Kare Medical Transport in Marysville, Ohio:

a. At the workplace, the employer was not maintaining OSHA 300, 301, and 300A forms for 2013 and 2014.

**Additional Penalty:**

**\$ 770.00**

  
\_\_\_\_\_  
**Deborah J. Zubaty**  
**Area Director**





U.S. DEPARTMENT OF THE TREASURY  
BUREAU OF THE FISCAL SERVICE  
WASHINGTON, D.C. 20227

ACTING ON BEHALF OF  
U.S. Department of Labor, Occupational Safety & Health Administration  
CERTIFICATE OF INDEBTEDNESS

Debtor Name(s) and Address(es):

Kare Medical Transport  
c/o Jason Keeran  
1000 Columbus Ave.  
Marysville, OH 43040

RE: Treasury Claim TRFM2015034440

I certify that the U.S. Department of Labor, Occupational Safety & Health Administration (OSHA) records show that the debtor named above is indebted to the United States in the amount stated as follows:

Principal:	\$32,670.00
Interest through 06/21/18*:	\$ 1,267.86
Penalty fee through 06/21/18*:	\$ 7,443.84
Admin fee:	\$ 20.00
DMS fees:	\$13,248.54
DOJ fees:	\$ 1,690.21

(pursuant to 31 U.S.C. 3717(e) and 3711(g)(6), (7); 31 C.F.R. 285.12(j) and 31 C.F.R. 901.1(f); and 28 U.S.C. 527, note)

**TOTAL debt owed as of 06/21/18: \$56,340.45**

\*NOTE: Per the creditor agency, once the debt is referred to Fiscal Service, interest continues to accrue at the rate of 1% per annum as well as a penalty at the rate of 6% per annum.

This debt reportedly arose in connection with the numerous workplace safety violations of the Occupational Safety and Health Act of 1970 (29 U.S.C. 650/651 et seq.) and OSHA regulations (29 C.F.R. 1926), as noted during the original December 2013 OSHA inspections as well as the June 2014 follow-up inspections of the debtor's work site at 1000 Columbus Ave, Marysville, OH 43040.

**CERTIFICATION:** Pursuant to 28 USC ss. 1746, I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief based upon information provided by the U.S. Department of Labor, Occupational Safety & Health Administration.

X

*Ashleigh Edmonds*

June 21, 2018

Signed by: Ashleigh N. Edmonds

Ashleigh Edmonds  
Financial Program Specialist  
U.S. Department of the Treasury  
Bureau of the Fiscal Service



JS 44 (Rev. 12/07)

**CIVIL COVER SHEET**

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

**I. (a) PLAINTIFFS**

UNITED STATES OF AMERICA

(b) County of Residence of First Listed Plaintiff \_\_\_\_\_  
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorney's (Firm Name, Address, and Telephone Number)  
BETHANY J. HAMILTON, Assistant United States Attorney  
303 Marconi Boulevard, Suite 200, Columbus, Ohio 43215  
(614)469-5715

**DEFENDANTS**

KARE MEDICAL TRANSPORT

County of Residence of First Listed Defendant UNION  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE  
LAND INVOLVED.

Attorneys (If Known)

**II. BASIS OF JURISDICTION** (Place an "X" in One Box Only)

- ☒ 1 U.S. Government Plaintiff ☐ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

**III. CITIZENSHIP OF PRINCIPAL PARTIES** (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- |   | PTF                        | DEF                        |   | PTF                        | DEF                        |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

**IV. NATURE OF SUIT** (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input checked="" type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <b>PERSONAL INJURY</b> <input type="checkbox"/> 362 Personal Injury - Med. Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 463 Habeas Corpus - Alien Detainee <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 440 Other Civil Rights	<b>PRISONER PETITIONS</b> <input type="checkbox"/> 510 Motions to Vacate Sentence <b>Habeas Corpus:</b> <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition		

**V. ORIGIN**

(Place an "X" in One Box Only)

- ☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from another district (specify) ☐ 6 Multidistrict Litigation ☐ 7 Appeal to District Judge from Magistrate Judgment

**VI. CAUSE OF ACTION**

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Title 28 U.S.C. § 2462

Brief description of cause:

Recovery of monies owing as a result of OSHA citation and notification of penalty violations**VII. REQUESTED IN COMPLAINT:**

☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☐ No**VIII. RELATED CASE(S) IF ANY**

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

BETHANY J. HAMILTON, Assistant U.S. Attorney

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE